

FY 1999 PERFORMANCE MEASURES BY ORGANIZATION AND PROGRAM

In addition to VA's key organizational performance goals, there are other performance measures by which VA evaluates its success. These other performance measures are identified and discussed in the following tables. The tables show trend data for a five-year period and associated target levels of performance grouped by organization and program. Within each group, the performance measures are structured as follows:

1. *Target was met or exceeded (green).*
2. *Target was not met, but the deviation did not significantly affect goal achievement (yellow).*
3. *Target was not met, and the difference significantly impacted goal achievement (red).*

VA uses the balanced measures concept to monitor program and organizational performance. Rather than focusing attention solely on one or two types of performance measures, we examine and regularly monitor several different types of measures to provide a more comprehensive and balanced view of how well we are performing. While each of our major program elements uses a balanced family of measures, the specific measures vary somewhat from organization to organization, and thus, from program to program. The performance measures for each organization have been tailored to fit the strategic goals of the programs for which each organization is responsible.

For example, VHA has developed performance measures around five domains of value: technical quality, customer satisfaction, improved patient functional status, access, and cost/price. VBA's balanced scorecard consists of five types of performance measures: accuracy, speed (timeliness), customer satisfaction, cost, and employee development and satisfaction. NCA evaluates its performance in those areas identified by veterans and their family members as being most important to service delivery, including reasonable access to veterans cemeteries and burial program information, quality of service provided, and satisfaction with the appearance of national cemeteries as national shrines.

The measures in the following tables and the Department's key measures collectively demonstrate the balanced view of performance the Department uses in assessing how well we are doing in meeting our strategic goals, objectives, and performance targets.

The GPRA program activity structure is somewhat different from the program activity structure shown in the program and financing (P&F) schedules of the President's Budget. However, all of the P&F schedules (budget accounts) have been aligned with one or more of our ten programs to ensure all of VA's program activities have been covered in this report. The program costs (obligations) represent the total resources available for each of the programs, regardless of which organizational element has operational control of the resources. The performance measures and associated data for each major program apply to the entire group of schedules listed for that program.

Veterans Health Administration Performance Measures

Medical Care

P&H Codes 36-0160-0-1-70336-0160-0-2-70336-0166-0-2-70336-5287-0-1-70336-5287-0-2-70336-5014-0-2-70336-2431-0-1-70336-5014-0-1-70336-0152-0-1-70336-0163-0-1-70336-4014-0-3-70536-4048-0-3-70336-4138-0-3-70336-8180-0-7-70536-0111-0-1-70336-0181-0-1-70336-4538-0-3-70336-4018-0-3-70536-0144-0-1-70336-4537-0-4-70536-4258-0-1-704

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	201,610	192,347	188,705	186,595	N / A
Medical care costs (\$ millions)	N / A	\$16,112	\$16,775	\$17,623	\$17,859	N / A

Performance Measures

	Goal Achieved					
Percent of patients who use tobacco products	N / A	N / A	32.0%	29.0%	27.0%	28.0%
Percent of patients with terminal diagnoses or advanced, progressive, incurable illness who are receiving ongoing care through VHA and have documentation of an individualized plan for comprehensive, coordinated palliative care services that minimizes physical, social and spiritual suffering and optimizes the patient's quality of life	N / A	N / A	N / A	91.0%	96.0%	96.0%
Percentage of patients discharged from inpatient care after treatment for mental health disorders who receive follow-up care related to mental health within 30 days of discharge	N / A	N / A	N / A	72.0%	81.0%	75.0%
Percent of patients reporting problems on courtesy questions in the annual outpatient customer feedback survey	19.0%	16.0%	9.0%	9.0%	7.0%	8.0%
Percent of permanent VHA employees receiving necessary level of education time and other learning experience time	N / A	N / A	N / A	N / A	79%/30 hours	50%/30 hours
Number of bed days of care per 1,000 unique patients	3,183	2,525	1,782	1,333	1,136	1,330
Percent of patients seen within 20 minutes of scheduled appointment at VA health-care facilities	44.0%	51.0%	54.8%	66.1%	68.0%	68.0%

The Department met or exceeded the performance goal established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
Percent of patients who rate the quality of VA health care as equivalent to or better than any other health-care provider	74.7%	77.9%	78.4%	79.3%	84.0%	87.0%
Percent of patients reporting coordination of care problems	N / A	33.0%	35.0%	27.0%	29.0%	27.0%

The performance goal for each of these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved - Significant Difference					
Percent of patients who know there is one provider or team in charge of their care	66.0%	72.0%	77.0%	78.2%	76.0%	87.0%

VA did not achieve its performance goal because the target was set unrealistically high. Performance has remained relatively stable for three years.

Percent of Disaster Emergency Medical Personnel System (DEMPS) volunteers who are certified as deployment ready	N / A	N / A	N / A	N / A	N / A	50.0%
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The implementation of the DEMPS program is pending due to a protracted review and approval process for the relevant VHA Handbook. (The relevant VHA Directive 97-046 was issued October 7, 1997; however, because DEMPS constitutes a system of records under the Privacy Act of 1974, the approval to implement has been delayed.)

Special Emphasis Programs

Performance Measures	1995	1996	1997	1998	1999	1999 Plan
	Goal Achieved					
Percent of patients reflected on the National Blind Rehabilitation Customer Satisfaction Survey who are fully or highly satisfied	N / A	N / A	N / A	97.7%	98.0%	97.7%
Percent of medical centers with at least one clinician who has received primary care education/training on former POW's healthcare	N / A	N / A	N / A	40.0%	66.0%	60.0%
Percent of long-term care patients who are being cared for in clinically appropriate community setting (FY1997 baseline=12,976 patients)	N / A	N / A	N / A	25.8%	29.4%	27.0%
Number of patients participating in the Gulf War Registry Health Examination Program	N / A	N / A	N / A	69,000	76,738	72,500
Number of community-based beds for homeless veterans	N / A	N / A	1,998	2,773	4,137	3,973
Percent of facilities participating in outreach activities for the Community Homelessness Assessment Local Education and Networking Groups (CHALENG) Program	96.6%	100.0%	92.0%	88.0%	93.0%	90.0%
Percent of veterans who acquired independent living arrangements at discharge from Domiciliary Care for Homeless Veterans (DCHV) Program or a community-based contract residential care program (FY1997 baseline=8,502 veterans)	N / A	N / A	N / A	52.0%	50.0%	46.0%
Percent of veterans who obtained employment upon discharge from a Domiciliary Care for Homeless Veterans (DCHV) Program or a community-based contract residential care program (FY1997 baseline=8,502 veterans)	N / A	N / A	N / A	54.0%	55.0%	48.0%
Percent of diabetic patients identified at risk for foot amputations who will be referred to foot care specialist	N / A	N / A	N / A	81.0%	86.0%	86.0%
Percent of prosthetic orders not placed within five workdays	N / A	2.0%	2.0%	2.0%	1.3%	2.0%
Percent increase in the averaged difference between intake and closing Global Assessment of Functioning scores for readjustment counseling patients	N / A	N / A	N / A	4.7%	5.0%	4.9%
Percent of seriously mentally ill patients showing improvement in Global Assessment of Functioning index	N / A	N / A	N / A	N / A	3.4%	1.0%
Percent of patients with primary addictive disorders showing improvement in Addiction Severity Index (ASI) composite score at six months after an initial ASI assessment (FY1997 baseline=38,000 patients)	N / A	N / A	N / A	N / A	56.0%	55.0%

Special Emphasis Programs (contd)

	1995	1996	1997	1998	1999	1999 Plan
Percent of first admission traumatic brain injury patients discharged to a community setting	N / A	N / A	60.0%	63.0%	65.8%	64.0%
Number of rehabilitation patients in the traumatic brain Department of Defense (DoD) and Veterans Head Injury Program (DVHIP) protocol	N / A	N / A	53	108	174	128
Mammography examination rate	N / A	N / A	87.0%	89.0%	91.0%	89.0%
Cervical cancer screening examination rate	N / A	N / A	90.0%	93.0%	94.0%	93.5%

The Department met or exceeded the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
Percent of amputee patients discharged from inpatient rehabilitation units to a community setting	N / A	N / A	77.0%	78.0%	76.0%	79.0%

The performance goal for each of these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved - Significant Difference					
Percent of spinal cord injury respondents to the National Customer Feedback Center Survey who rate their care as very good or excellent - Inpatient	N / A	N / A	55.0%	55.2%	55.0%	78.0%
Percent of spinal cord injury respondents to the National Customer Feedback Center Survey who rate their care as very good or excellent - Outpatient	N / A	N / A	57.0%	55.2%	55.0%	78.0%

Because VASCI Center care is a unique mixture of acute, sustaining, and long-term care, comparable data are not available in the private sector. Due to this lack of benchmarking references, the initial goal was unrealistic. The scale for the survey response was "poor"/"fair"/"good"/"very good"/"excellent," but only scores of "very good" or "excellent" were considered in the summary 55 percent. If respondents who rate their care as "good," "very good," or "excellent" are included in the summary, the accomplishment increases to 82 percent. Performance goals have been revised downward based on the reported data to date. Repeated sampling and trending over time will further address validity and reliability.

Medical Education

P&FID Code: 36-0160-0-1-703

Resources	1995	1996	1997	1998	1999	1999 Plan
Medical Education costs (\$ in millions)	N / A	\$899	\$919	\$933	\$902	N / A

Performance Measures

	Goal Achieved					
Percent of residents trained in primary care (Category I)	37.5%	38.6%	39.3%	41.3%	46.0%	44.0%
Number of specialty resident positions eliminated (Category II-IV)	N / A	N / A	N / A	62	127	125

The Department met or exceeded the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
Number of specialty resident positions reallocated to primary care (Category I)	N / A	N / A	N / A	213	358	375

The performance goal for this measure was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Medical Research

P&HT Codes 36-0160-0-1-703, 36-0161-0-1-703, 36-406-0-3-703

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	3,250	2,957	2,758	2,974	N / A
Research costs (\$ millions)	N / A	\$592	\$648	\$725	\$779	N / A

Performance Measures

	Goal Achieved					
Percent of funded research projects reviewed by appropriate peers and selected through merit-based competitive process	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
Number of new partnering opportunities with veterans service organizations, other Federal agencies, nonprofit foundations, or private industry	114	115	116	118	134	120
Percent of total expenditures from non-appropriated investment in VA research by successful competition from non-VA research funding	54.2%	56.4%	60.2%	61.3%	60.3%	60.0%
Number of career development awardees by research service: Medical Service	121	97	54	68	114	109
Percent of career development programs integrated into Designated Research Areas	N / A	87.0%	97.0%	99.0%	99.0%	99.0%
Percent of goals accomplished and recommendations established by the Research Alignment Advisory Committee or similar independent research advisory committee	N / A	N / A	40.0%	70.0%	90.0%	90.0%

The Department achieved the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
Number of career development awardees by research service: HSR&D Service	26	28	34	37	50	65
Rehabilitation Research Service	0	0	0	5	10	13

The performance goal for each of these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Veterans Benefits Administration Performance Measures

Compensation and Pension

P&H Codes 36-0153-0-1-70136-0153-2-1-70136-0153-4-1-70136-0154-0-1-70136-0155-0-1-70136-0151-0-1-70536-0153-0-1-70136-0154-0-1-70136-0110-0-1-703

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	4,364	6,931	6,770	6,841	N / A
Benefit costs (\$millions)	N / A	\$18,532	\$19,352	\$20,242	\$21,112	N / A
Administrative costs (\$millions)	N / A	\$209	\$495	\$491	\$549	N / A

Performance Measures

	Goal Achieved					
Cost per pension claim completed	N / A	N / A	\$124	\$135	\$150	\$150
Cost per active compensation case on the rolls	N / A	N / A	\$132	\$130	\$102	\$135
Cost per pension claim on the rolls	N / A	N / A	\$213	\$222	\$172	\$250

The Department met or exceeded the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
Fiduciary activities initial appointment more than 45 days	N / A	24.0%	20.0%	21.0%	12.0%	8.0%
Cost per compensation claim completed	N / A	N / A	\$268	\$290	\$325	\$315

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved - Significant Difference					
National accuracy rate (authorization work)	N / A	N / A	N / A	70.0%	63.0%	80.0%

End-of-year data for FY1999 national accuracy is not yet available. Data through the third quarter is used. The FY1999 goal for the national accuracy rate for core rating work and authorization was based on program judgment. The anticipated learning curve has taken longer than projected. We initially had difficulties disseminating gap analysis data to regional offices to identify weak areas requiring training. The FY1999 targets for authorization and fiduciary accuracy were also based on program judgment, without the benefit of baseline data. The special case reviews establishing baseline data for authorization and fiduciary actions were not completed until well into the fiscal year.

Rating-related actions averaged days pending	N / A	81	94	119	144	91
Non-rating actions-averaged days to process	35	27	23	32	44	26
Non-rating actions-averaged days pending	N / A	55	56	74	94	63

The FY1999 timelines targets were established using data from six stations with the best average processing time for the first three quarters of FY1998. At the same time we established these targets, we shifted our emphasis from timelines to accuracy. Because of the concerns about our higher error rate, we asked our employees to slow down and do a closer review of their award documents. We also asked them to write better decisions, which are understandable to our claimants and can be sustained through the appeal process.

Education

P&FID Codes : 36-0137-0-1-702 ; 36-0200-0-1-701 ; 36-8133-0-7-702 ; 36-2473-0-0-702 ; 36-0140-0-3-702 ; 36-4259-0-3-702 (Nor Budget) ; 36-4260-0-3-702 ; 36-0151-0-1-705 ; 36-0111-0-1-703

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	530	1,051	927	849	N / A
Benefits costs (\$ millions)	N / A	\$924	\$914	\$891	\$1,209	N / A
Administrative costs (\$ millions)	N / A	\$25	\$72	\$66	\$70	N / A

Performance Measures

	Goal Achieved					
Compliance survey completion rate	N / A	88.7%	81.8%	79.8%	98.1%	82.0%
Payment accuracy rate	92.8%	93.9%	92.9%	94.0%	94.4%	94.0%
Administrative cost per beneficiary	N / A	N / A	N / A	\$171	\$176	\$176

The Department met or exceeded the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
State approving agencies' peer review ratio	N / A	92.0%	88.0%	91.0%	88.0%	93.0%
Customer satisfaction high ratings	N / A	N / A	76.0%	76.0%	78.0%	80.0%
Average speed to answer call (in seconds)	N / A	N / A	N / A	123	123	120
First call resolution rate	N / A	N / A	69.0%	67.0%	66.7%	70.0%

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Vocational Rehabilitation and Counseling

P&FID Codes : 36-0137-0-1-702 ; 36-0140-0-3-702 ; 36-4259-0-3-702 (Nor Budget) ; 36-4260-0-3-702 ; 36-0151-0-1-705 ; 36-0140-0-3-702 ; 36-0111-0-1-703

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	722	1,099	919	972	N / A
Benefits costs (\$ millions)	N / A	\$355	\$402	\$406	\$412	N / A
Administrative costs (\$ millions)	N / A	\$40	\$78	\$68	\$72	N / A

Performance Measures

	Goal Achieved					
Employment timeliness in average days	N / A	N / A	N / A	83	53	88

The Department exceeded the performance goals established at the beginning of the fiscal year for this measure.

	Goal Not Achieved - Minimal Difference					
Speed of entitlement decisions in average days	N / A	N / A	N / A	88	88	80
Accuracy of decisions (Services)	N / A	N / A	N / A	85.0%	87.0%	91.0%

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Vocational Rehabilitation and Counseling

	1995	1996	1997	1998	1999	1999 Plan
	Goal Not Achieved - Significant Difference					
Customer Satisfaction	N / A	N / A	N / A	86.0%	N / A	88.0%

Completed data from the initial "National Customer Satisfaction Survey" for vocational rehabilitation will be available in FY2000.

Housing

P&H Codes 36-0137-0-1-702 36-1119-0-1-704 36-1119-0-2-704 36-4127-0-3-704 (Not Budget) 36-4129-0-3-704 (Not Budget) 36-4025-0-3-704 36-0151-0-1-705 36-0111-0-1-703 36-4258-0-3-704 (Not Budget) 36-0128-0-1-704 36-4130-0-3-704 (Not Budget)

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	1,748	2,254	2,075	2,108	N / A
Benefits costs (\$ millions)	N / A	\$1,984	\$1,368	\$1,676	\$1,811	N / A
Administrative costs (\$ millions)	N / A	\$84	\$139	\$161	\$160	N / A

Performance Measures

	Goal Achieved					
Loans guaranteed issued	263,000	321,000	239,000	369,000	396,000	300,000
Administrative cost per loan	N / A	\$107	\$291	\$233	\$111	\$262
Return on investment	N / A	98.1%	97.2%	99.0%	100.6%	100.0%

The Department met or exceeded the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
Average days to issue certificates of reasonable value	N / A	N / A	N / A	N / A	18.8	15

The performance goal for this measure was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved - Significant Difference					
Veteran satisfaction	93.0%	96.0%	90.0%	90.0%	N / A	90.0%
Lender satisfaction	68.0%	67.0%	67.0%	67.0%	N / A	67.0

The housing program discontinued the veteran and lender satisfaction surveys in FY1999 in favor of a more comprehensive and statistically valid customer survey, which has not yet been finalized. This data will be available at the end of FY2000.

Administrative cost per default	N / A	\$188	\$212	\$304	\$338	\$278
Administrative cost per property sold	\$616	\$798	\$1,076	\$1,470	\$1,956	\$1,333

The administrative cost per property sold and per default figures in 1998 were pre-activity based costing (ABC), i.e., a different methodology. With the ABC methodology, additional factors were used to determine total cost that were not used in the development of the 1999 performance plan estimates.

Insurance

P&H Codes 36-0120-0-1-70136-4012-0-3-70136-4010-0-3-70136-4009-0-3-70136-8132-0-7-70136-8150-0-7-70136-8455-0-8-70136-0151-0-1-70536-0111-0-1-703

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	423	584	563	548	N / A
Benefits costs (\$millions)	N / A	\$2,817	\$2,778	\$2,724	\$2,595	N / A
Administrative costs (\$millions)	N / A	\$16	\$38	\$40	\$40	N / A

Performance Measures

	Goal Achieved					
High customer ratings	N / A	N / A	90.0%	95.0%	96.4%	93.0%
Low customer ratings	N / A	N / A	5.0%	2.0%	1.3%	4.0%
Percentage of blocked calls	N / A	N / A	44.0%	17.0%	6.0%	19.0%
Average hold time in seconds	N / A	35	70	35	20	32
Percentage of insurance disbursements paid accurately	99.1%	99.0%	98.0%	99.0%	99.1%	99.0%
Average days to process insurance disbursements	4.1	4.2	4.4	3.2	3.2	3.5
Cost per policy maintained	N / A	N / A	\$9.96	\$10.34	\$11.25	\$12.02
Cost per death award	N / A	N / A	\$87.55	\$88.15	\$78.18	\$96.69
Cumulative number of computer-based training modules completed	N / A	N / A	N / A	1	1	1

The Department met or exceeded the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
Employee satisfaction	N / A	N / A	68.0%	68.0%	68.0%	70.0%

The performance goal for this measure was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

National Cemetery Administration Performance Measures

Burial

P&HT Codes 36-0155-0-1-70136-0129-0-1-70536-8129-0-7-70536-0183-0-1-70536-0110-0-1-70336-0111-0-1-703

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	1,287	1,283	1,328	1,357	N / A
Benefits costs (\$millions)	N / A	\$113	\$113	\$114	\$106	N / A
Administrative costs (\$millions):						
Operating costs	N / A	\$73	\$77	\$84	\$92	N / A
State cemetery grants	N / A	\$8	\$5	\$6	\$5	N / A
Capital construction	N / A	\$15	\$19	\$79	\$21	N / A

Performance Measures

	Goal Achieved					
Percent of requests for interment taken on weekend that result in a service scheduled for the ensuing week	90.0%	92.5%	94.2%	94.0%	96.1%	94.3%
Number of headstones and markers ordered	284,786	319,758	269,927	346,034	345,389	336,540
Percent of monuments ordered on-line by state veterans cemeteries using AMAS-R	N / A	N / A	4.0%	43.0%	61.0%	60.0%

The Department achieved the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
Number of veterans served by a burial option in a state veterans cemetery (veterans served in thousands)	2,490	2,510	2,474	2,601	2,596	2,683
Cumulative number of national cemeteries with kiosks installed	N / A	N / A	2	5	13	16
Number of graves maintained (in thousands)	2,092	2,148	2,203	2,261	2,319	2,322
Percent of headstones and markers that are undamaged and correctly inscribed	95.5%	95.5%	95.0%	94.5%	94.7%	95.5%
Percent of individual headstone and marker orders transmitted electronically to contractors	N / A	N / A	68.0%	85.0%	88.0%	90.0%

The performance goal for each of these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Board of Veterans' Appeals Performance Measures

P&FID Code: 36-0151-0-1-705

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	468	492	483	478	N / A
Administrative costs (\$millions)	N / A	\$32	\$36	\$38	\$40	N / A

Performance Measures

	Goal Achieved					
Appeals decided per FTE	65.1	72.5	88.1	80.5	78.2	76.4
Cost per appeals case	\$1,030	\$950	\$839	\$965	\$1,062	\$1,075

The Department achieved the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Minimal Difference					
BVA response time (in days)	763	595	334	197	195	194

The performance goal for this measure was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved - Significant Difference					
BVA elapsed processing time (in days)	507	261	120	120	140	120

In an effort to increase the number of final decisions rendered, a greater emphasis was placed on quality. Because of a more thorough quality review process, timeliness deteriorated. Since elapsed processing time is primarily an internal process control measure of interest only to BVA, it will not be included in future performance plans and reports.

Percent of decisions containing quality deficiencies	N / A	N / A	N / A	11.2%	16.5%	9.5%
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BVA implemented a new program in 1998 to review the quality of decisions and to identify areas in which professional training is needed. It has taken two years to calibrate this system and statistically validate the areas to be reviewed. A quantified baseline for decision quality was established for the first time in FY1999. This provided a foundation for establishing quantified decision quality measures. These new measures are now uniformly applied, and more stringent. During FY2000, we will use the quality review findings to conduct more aggressive training at BVA and the team level to improve quality.

Departmental Management Performance Measures

P&FID Codes: 36-0151-0-1-705; 36-4539-0-4-705; 36-0110-0-1-703; 36-0111-0-1-703

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	7,088	2,170	2,216	2,554	N / A
Administrative costs (\$ millions)	N / A	\$714	\$281	\$327	\$357	N / A

Performance Measures

	Goal Achieved					
Cumulative number of program evaluation initiated	N / A	N / A	N / A	1	4	2
Number of national standardized contracts for medical and other related products and services	N / A	3	48	99	151	110
Percent increase in purchases made using EDI from FY1997 baseline	N / A	N / A	N / A	16.0%	48.0%	20.0%

The Department met or exceeded the performance goals established at the beginning of the fiscal year for each of these measures.

	Goal Not Achieved - Significant Difference					
Number of contract disputes selecting ADR	25	39	43	50	20	60

In spite of the Board of Contract Appeals' aggressive efforts to promote alternate dispute resolution (ADR), we missed our performance target by a substantial margin. The reason we did not meet our FY1999 target was that based on the nature of many of the cases received, the parties were not willing to use ADR techniques to resolve them. In addition, we concluded the number of contract disputes selecting ADR is not a valid measurement of the Board's performance. As a result, this measure has been changed to the percentage of all cases using ADR. While the Board will continue to collect information on the number of contract disputes selecting ADR, we will not include it in future performance plans and reports.

Office of Inspector General Performance Measures

P&FID Code: 36-0170-0-1-705

Resources	1995	1996	1997	1998	1999	1999 Plan
FTE	N / A	365	339	322	342	N / A
Administrative costs (\$ millions)	N / A	\$32	\$32	\$33	\$38	N / A

Performance Measures

	Goal Achieved					
Indictments, convictions and administrative sanctions	501	486	395	366	696	579
Reports issued	211	149	181	171	162	133
Value of monetary benefits (\$ millions) from:						
IG audits	\$373	\$100	\$104	\$468	\$610	\$130

The Department achieved the performance goals established at the beginning of the fiscal year for each of these measures. Accomplishments included 213 indictments, 140 criminal convictions, and 343 administrative sanctions. OIG issued 162 reports and closed 654 hotline cases. In audit, just five of the 51 reports produced over \$500 million in monetary benefits. While our plans anticipated monetary results, we did not foresee such significant findings.

	Goal Not Achieved - Minimal Difference					
Value of monetary benefits (\$ millions) from:						
IG investigations	\$19	\$68	\$18	\$17	\$24	\$25

The performance goal was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program activity performance. While investigation essentially met its goal for monetary benefits, a noteworthy accomplishment was a 90 percent increase in indictments, convictions and administrative sanctions over FY1998.

	Goal Not Achieved - Significant Difference					
Value of monetary benefits (\$ millions) from:						
IG contract reviews	\$12	\$29	\$99	\$250	\$47	\$76

For contract review, the Office of Acquisition and Materiel Management (OA&MM), our customer, requested we examine a number of small-to-medium-sized pharmaceutical contracts, which influenced the potential monetary benefits but did not diminish their satisfaction with the results. In this area of work, our results fluctuated to a large degree based upon the types of reviews OA&MM asks us to conduct and the contracting business cycles.